

COMMONWEALTH OF MASSACHUSETTS HEALTH POLICY COMMISSION

Proposed Patient-Centered Medical Home Certification Standards Request for Public Comment

February 27, 2015 – March 27, 2015

Please provide feedback on the proposed PCMH Certification criteria to the Health Policy Commission at HPC-PCMH@state.ma.us by **March 27, 2015**.

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Introduction

The Health Policy Commission (HPC), established under ch. 224 of the Acts of 2012, is an independent state agency responsible for monitoring and moderating health care cost growth, improving access to quality, accountable care, and reforming the way health care is delivered and paid for in Massachusetts.

The HPC is charged with developing and implementing standards of certification for Patient-Centered Medical Homes (PCMHs) in the Commonwealth. The purpose of the certification process is to complement existing local and national care transformation and payment reform efforts, validate value-based care, and promote investments by payers in efficient, high-quality, and cost-effective primary care.

In order to support the adoption of the PCMH model in the Commonwealth, the HPC is developing a holistic programmatic framework, including:

1. Developing PCMH certification standards;
2. Designing a multi-payer model payment framework to support PCMH certification and practice transformation, to be adopted by payers and providers on a voluntary basis. The HPC is actively engaging payers and providers in the design of the model framework*
3. Developing a technical assistance program to provide support to practices seeking PCMH certification (may include both financial and non-financial support);
4. Developing consumer branding/marketing support to promote the benefits and value of PCMH certification to gain broad community support;
5. Working with the payer community to facilitate product design options that encourage patients to seek care from PCMHs; and
6. Facilitating dissemination of PCMH performance data, in collaboration with other state agencies and payers.

Through its PCMH certification standards, the HPC intends to move the transformation of primary care practices forward, while ensuring that recognition is within reach of practices of varying sizes, configurations (e.g., solo, multi-site, community health center), electronic capabilities, populations served, and locations (e.g., urban, rural). The HPC and the National Committee for Quality Assurance (NCQA) are actively working together to address challenges that lie ahead and potential solutions to those challenges – some already underway, some yet to be developed. Over time, the HPC, in partnership with NCQA, will seek to balance administrative simplification with our goal to maintain a robust program that advances primary care transformation.

* The HPC will be holding a series of focus group sessions to convene stakeholders throughout the payment design process. Please check our website for further information.

The HPC seeks input on proposed PCMH certification standards, as well as on other aspects of the HPC's PCMH programmatic standards.

Please provide comment on the proposed PCMH Certification criteria to the Health Policy Commission at HPC-PCMH@state.ma.us by **March 27, 2015**.

Additionally, please note that the HPC, in conjunction with the NCQA, will be holding two "Q&A" sessions during this public comment period. During these sessions, practices will be encouraged to visit HPC offices or call-in to ask questions about the program design and new requirements. Dates and times for these sessions are TBD, and once confirmed, details will be posted on [HPC's PCMH website](#).

HPC PCMH Certification Program Design

The HPC's proposed certification program builds off of the NCQA's PCMH recognition program. The NCQA program is comprised of 6 standards. Each standard includes 1 or more elements, and each element is comprised of several factors. Some elements and factors are weighted more heavily than others under NCQA scoring.

- *Element*: The scored component of a standard that provides details about performance expectations. NCQA evaluates each element in a standard to determine how well the practice meets the element's requirements. Each element is tied to a set of points available for a practice to earn.
- *Factor*: A scored item in an element. For example, an element may require the practice to demonstrate that its policies and procedures include four specific items; each item is a factor. When an element includes multiple numbered factors, the scoring indicates the number of factors that the practice must meet to achieve each scoring level.
- *Must Pass Element*: Six must-pass elements are considered essential to the patient-centered medical home, and are required for practices at all recognition levels. Practices must achieve a score of 50% or higher on must-pass elements.
- *Critical Factor*: A factor considered essential to the element it exists in. Critical Factors receive special scoring treatment and are often required to be met to receive any score in a given element.

Please visit the [NCQA website](#) for a more detailed description of its PCMH recognition program.

The HPC intends to supplement the NCQA's PCMH recognition program with select Massachusetts-specific requirements centered on four domains that HPC has identified as priority areas for the Commonwealth:

- Resource Stewardship
- Patient Experience
- Population Health Management
- Behavioral Health Integration

Practices will be asked to meet “priority factors” in these four domains to be HPC-certified. The priority factors include existing NCQA factors, modifications to existing NCQA factors, and new Massachusetts-specific factors:

- *Resource Stewardship*: Enhanced requirements for measuring, tracking, and continuously improving efficiency of care across the care continuum.
- *Patient Experience*: Enhanced requirements for measuring, tracking, and continuously improving patient experience, with specific emphasis on advance care planning, and on culturally and linguistically appropriate services (CLAS).
- *Population Health Management*: Enhanced requirements for identification of patients with chronic or complex conditions or high utilization rates, addressing health care disparities, community coordination and care transitions, and preventive and follow-up care.
- *Behavioral Health Integration*: Enhanced requirements for screening for mood and substance use disorders, inquiring about family history related to behavioral health, and identifying high risk patients with mental illness, behavioral or developmental conditions, and/or substance use disorders that would benefit from care management.

Within each domain, practices must achieve a minimum number of priority factors to be HPC-certified. The proposed HPC framework does not require specific priority factors to be met; rather, practices will have flexibility to pick from a list of priority factors that best meet their transformation goals (see **Appendices 1 & 2**).

Proposed Structure for HPC PCMH Certification Program

The HPC proposes a 2-tier certification program, which would allow practices to seek certification as a *Qualified PCMH* or a *Best Practice PCMH*. All practices would apply for certification through the NCQA Recognition platform, would be reviewed under a single review process, and would be notified of their NCQA and HPC certification simultaneously.

HPC proposes three pathways towards certification, and welcomes comment on each:

- *Pathway 1:* Practices that are not currently NCQA-certified seeking to obtain both NCQA 2014 PCMH recognition and HPC PCMH certification (qualified or best practice) (see **Appendix 1**)
- *Pathway 2:* Practices that are NCQA 2011 PCMH recognized seeking to obtain both NCQA 2014 PCMH recognition and HPC PCMH certification (qualified or best practice) (see **Appendix 1**)
- *Pathway 3:* Practices that are NCQA 2011 PCMH recognized seeking to obtain only HPC certification (qualified or best practice), without an upgrade to 2014 NCQA recognition (see **Appendix 2**)

The first round of HPC PCMH certification will be valid for 2 years. Beginning in 2017, HPC certification will align with the NCQA certification and re-certification rules (every 3 years).

The HPC will pay all costs associated with NCQA determination of which practices meet HPC certification requirements. Practices seeking HPC certification will pay no additional costs beyond NCQA certification fees. Practices seeking HPC certification will also be eligible for a 20% discount on the standard NCQA certification fee structure (in addition to a 50% discount applied for upgrades by NCQA). *Complete NCQA pricing levels can be accessed [here](#).*

A. Questions for Public Comment on HPC PCMH Certification Program Standards

We welcome feedback on the proposed standards as we proceed with final planning for the PCMH Certification Program, to be launched in summer 2015. While proposed design and questions for comment largely focus on providers' PCMH activities, the HPC hopes to also receive comment from payers. Specifically, we seek responses to the following questions:

A.1. Are the proposed HPC modifications for PCMH certification the highest priority standards for a practice to meet to operate as a PCMH? Do you suggest additional or different modifications for consideration? Please explain your rationale.

A.2. Are the proposed standards appropriately assigned to each of the two HPC PCMH levels ("Qualified" and "Best Practice"), and do they reflect progressive levels of advanced primary care?

A.3. What is the operational and financial feasibility of implementation for these standards?

A.4. The HPC aspires to include requirements for PCMHs to progressively move towards payment and incentive mechanisms where PCMHs are incented to reduce total cost of care. However, we also recognize that many PCMHs do not have the data at practice level to support such payment and incentive mechanisms at this time. With that context:

- Should HPC's PCMH certification framework include such requirements at this time?
- If yes, please describe the type of certification standard you recommend for inclusion
- If not, please describe the barriers your organization faces that would preclude you from meeting such requirements

B: Questions for Public Comment on Areas that would Support Certification

Feedback on additional areas will further assist the HPC in the development of its PCMH program.

B.1. Financial incentives and costs associated with PCMH transformation:

- **B.1.1.** Please describe the types of financial incentives you are receiving for PCMH transformation, including incentives from payers as well as incentives within your organization
- **B.1.2.** To what extent do these financial incentives cover the cost of PCMH transformation?

- **B.1.3.** If a payer, how is your organization incenting PCMH and/or other transformative primary care service delivery? What are the current obstacles and opportunities to support practices' PCMH activity?

B.2. Technical Assistance

- **B.2.1.** The HPC intends to develop a technical assistance program to support practices in PCMH transformation. What types of technical assistance would be most useful to your practice?

B.3. Incorporating patient experience/confidence to PCMH certification:

- **B.3.1.** What tools are PCMH practices currently using to measure patient experience and patient confidence? Are these tools effective? Why or why not?
- **B.3.2.** Would the Commonwealth benefit from utilizing standard tools for measuring patient experience and patient confidence?

B.4. Consumer incentives/marketing:

- **B.4.1.** Are practices actively marketing/branding PCMH recognition status? How?
- **B.4.2.** Have you identified changes in patient behavior / patient preferences for care due to PCMH related efforts?

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Appendix 1. Pathways 1 & 2
Practices Seeking NCQA 2014 Recognition and HPC Certification

February 27, 2015 – March 27, 2015

Pathways for Practices Seeking NCQA 2014 Recognition and HPC Certification (Pathways 1 & 2)

Qualified PCMHs must meet the following requirements (see Table 1.1):

- Qualify for 2014 NCQA **Level 2** recognition
- Meet a total of **26 out of 40 priority factors**, including:
 - **4 resource stewardship priority factors** (out of 6 total)
 - **4 patient experience priority factors** (out of 7 total)
 - **11 population health management priority factors** (out of 17 total)
 - **7 behavioral health integration priority factors** (out of 10 total; 9 total for adult only practices)

Best Practice (BP) PCMHs must meet the following requirements (see Table 1.1):

- Qualify for 2014 NCQA **Level 3** recognition
- Meet a total of **32 out of 40 priority factors**, including:
 - **5 resource stewardship priority factors** (out of 6 total)
 - **5 patient experience priority factors** (out of 7 total)
 - **14 population health management priority factors** (out of 17 total)
 - **8 behavioral health integration priority factors** (out of 10 total; 9 total for adult only practices)

Table 1.1. Scoring Requirements for Pathways 1 & 2

HPC Certification Level	NCQA 2014 Level Required	Total HPC Priority Factors	Resource Stewardship Factors	Patient Experience Factors	Population Health Management Factors	Behavioral Health Integration Factors
Qualified PCMH	NCQA 2014 Level 2 (60-84 points)	At least 26	At least 4	At least 4	At least 11	At least 7
Best Practice (BP) PCMH	NCQA 2014 Level 3 (85-100 points)	At least 32	At least 5	At least 5	At least 14	At least 8

Table 1.2. Proposed Criteria for Pathways 1 & 2

HPC Priority Domain	Priority Factor	Source	Documentation	Technical Assistance
Resource Stewardship	3.E.6 The practice implements clinical decision support following evidence-based guidelines for <u>at least 2</u> overuse/appropriateness issues	Modified 2014 NCQA Factor	Same as NCQA 2014*	
	4.A.2 The practice establishes a systematic process and criteria for patients who may benefit from care management, and includes consideration of high cost/high utilization.	Existing 2014 NCQA Factor	Same as NCQA 2014*	
	6.B.2 At least annually, the practice measures or receives quantitative data on <u>at least 2 measures</u> affecting health care costs (<u>at least 4 measures for BP PCMH</u>)	Modified 2014 NCQA Factor	Same as NCQA 2014*, except that data need only cover <u>50% of patients</u> (or be collected over time)	
	6.D.3 The practice uses an ongoing quality improvement process to set goals and analyze <u>at least 2 measures</u> affecting health care costs (<u>at least 4 measures for BP PCMH</u>)	Modified NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	6.D.4 The practice uses an ongoing quality improvement process to act to improve <u>at least 2 measures</u> affecting health care costs (<u>at least 4 measures for BP PCMH</u>)	Modified NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	6.E.3 The practice demonstrates continuous quality improvement by achieving improved performance on one <u>utilization</u> measure	Modified NCQA Factor (2011 & 2014)	Same as NCQA 2014*	

* Click [here](#) to download the NCQA's PCMH 2014 Standards and Guidelines

** Click [here](#) to download the NCQA's PCMH 2011 Standards and Guidelines

HPC Priority Domain	Priority Factor (NCQA or HPC)	Source	Documentation	Technical Assistance
Patient Experience	2.A.4 The practice collaborates with the patient/family to develop/implement a written care plan for patients transitioning from pediatric to adult care (N/A for practices without pediatric patients)	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	2.D.10 The practice involves patients/families/caregivers in quality improvement activities or on the practice's advisory council	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	3.C.5 The practice collects and regularly updates a comprehensive health assessment that includes advance care planning (N/A for pediatric practices)	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	6.C.1 At least annually, the practice conducts a survey (using any instrument) to evaluate patient/family experiences on at least 3 of 4 categories (access, communication, coordination, whole person care/self-management support)	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	6.C.3 At least annually, the practice obtains feedback from patients/families on experiences of vulnerable patient groups	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	6.C.4 At least annually, the practice obtains feedback from patients/families on their experiences with the practice and their care through qualitative means.	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	6.E.4 The practice demonstrates continuous quality improvement by achieving improved performance on at least 1 patient experience measure	Existing 2014 NCQA Factor	Same as NCQA 2014*	

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HPC Priority Domain	Priority Factor (NCQA or HPC)	Source	Documentation	Technical Assistance
Population Health Management (page 1 of 2)	2.C.1 The practice assesses the diversity of its population	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	2.C.2 The practice assesses the language needs of its population	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	2.C.3 The practice provides interpretation/bilingual services to meet the language needs of its population	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	2.C.4 The practice provides printed materials in the languages of its population	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	4.B.4 The care team and patient/family/caregiver collaborate (at relevant visits) to develop and update an individual care plan that includes a self-management plan	Existing 2014 NCQA Factor	Same as NCQA 2014*	
	4.C.2 The practice has a process for managing medications, and reviews and reconciles medications with patients/families for more than 80% of care transitions	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	4.E.6 The practice maintains current resource list on 5 topics/community service areas of importance to the patient population including services offered outside the practice and its affiliates	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	The HPC is charged with developing and distributing a directory of key existing referral systems and resources that will be made available to PCMHs. The HPC seeks comment on existing such resources and their benefits and weaknesses.
	5.B.2 The practice maintains formal and informal agreements with a subset of specialists based on established criteria	Existing 2014 NCQA Factor	Same as NCQA 2014*	The HPC is considering providing technical assistance on privacy requirements that relate to exchanging information with behavioral health providers, and is supporting investment in connection to the state's HIway. Technical assistance may include information pamphlets and/or trainings. The HPC seeks comment on the utility of such technical assistance.
	5.B.8 The practice tracks referrals until the consultant or specialist's report is available, flagging and following up on overdue reports	Existing 2014 NCQA Factor	Same as NCQA 2014*	

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HPC Priority Domain	Priority Factor (NCQA or HPC)	Source	Documentation	Technical Assistance
Population Health Management (page 2 of 2)	5.B.9 The practice documents co-management arrangements in the patient's medical record	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	The HPC is considering providing technical assistance on privacy requirements that relate to exchanging information with behavioral health providers, and is supporting investment in connection to the state's HIway. Technical assistance may include information pamphlets and/or trainings. The HPC seeks comment on the utility of such technical assistance.
	5.C.1 The practice proactively identifies patients with unplanned hospital admissions and ED visits	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	5.C.2 The practice shares clinical information with admitting hospitals and EDs	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	5.C.3 The practice consistently obtains patient discharge summaries from hospitals/other facilities	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	5.C.4 The practice proactively contacts patients/families within appropriate time period following hospital admission or ED visit	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	6.A.1 At least annually, the practice measures or receives data on at least 2 immunization measures	Existing 2014 NCQA Factor	Same as NCQA 2014*	
	6.A.3 At least annually, the practice measures or receives data on at least 3 chronic or acute care clinical measures, <u>at least one of which is related to behavioral health</u>	Modified 2014 NCQA Factor	Same as NCQA 2014*	
	6.D.7 The practice uses an ongoing quality improvement process to set goals and address at least 1 identified disparity in care/service for identified vulnerable populations	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	

* Click [here](#) to download the NCQA's PCMH 2014 Standards and Guidelines

** Click [here](#) to download the NCQA's PCMH 2011 Standards and Guidelines

HPC Priority Domain	Priority Factor	Source	Documentation	Technical Assistance
Behavioral Health Integration (page 1 of 2)	3.C.6 The practice collects and regularly updates a comprehensive health assessment that includes behaviors affecting health	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	3.C.8 The practice collects and regularly updates a comprehensive health assessment that includes developmental screening using a standardized tool (N/A for practices with no pediatric patients)	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	
	3.C.9 The practice collects and regularly updates a comprehensive health assessment that includes depression screening using a standardized tool (N/A for practices with no adolescent or adult patients)	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2014*	The HPC is considering providing a consolidated diagnostic tool that can be used to initiate screening for depression, anxiety, and SUD. The HPC may consider providing trainings on use of the tool and seeks comment on the utility of these forms of technical assistance as well as other possibilities that would enable practices to satisfy these PCMH criteria.
	NEW The practice collects and regularly updates a comprehensive health assessment that includes anxiety screening using a standardized tool (N/A for practices with no adolescent or adult patients)	New HPC Factor	The practice must provide a completed (de-identified) assessment form, and demonstrate application by screen shot.	
	NEW The practice collects and regularly updates a comprehensive health assessment that includes SUD screening using a standardized tool (N/A for practices with no adolescent or adult patients)	New HPC Factor		
	3.E.1 The practice implements clinical decision support following evidence based guidelines for a mental health <u>and</u> substance use disorder	Modified NCQA Factor (2011 & 2014)	Same as NCQA 2014*	

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HPC Priority Domain	Priority Factor	Source	Documentation	Technical Assistance
Behavioral Health Integration (page 2 of 2)	4.A.1 The practice establishes a systematic process and criteria for identifying patients who may benefit from care management. The process includes consideration of behavioral health conditions.	Existing 2014 NCQA Factor	Same as NCQA 2014*	
	NEW If practice includes a care manager, s/he must be qualified to identify/coordinate behavioral health needs	New HPC Factor	Care/case manager CV, demonstrating academic focus (undergraduate or masters level) in BH subspecialty, or continuing education in BH, or practice-based training in BH (show materials used), or experience working in BH (at least 1 year practice level experience or 1 semester field internship / clinical application experience). If multiple care managers in practice, provide documentation showing at least 1/3 have at least 1 of these qualifications.	
	5.B.3 The practice maintains agreements with behavioral health providers	Existing 2014 NCQA Factor	Same as NCQA 2014*	The HPC is considering providing a template for use in meeting this factor and seeks comment on the utility of such a tool.
	NEW Practice assesses effectiveness of agreements with behavioral health providers at least annually	New HPC Factor	Dated documentation of internal review process (e.g., team meeting or discussion of internally and externally generated key performance indicators, etc.)	

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Appendix 2. Pathway 3
Practices Seeking HPC Certification Only

February 27, 2015 – March 27, 2015

Pathway for Practices Seeking HPC Certification Only (Pathway 3)

Qualified PCMHs must meet the following requirements (see Table 2.1):

- Qualify for 2011 NCQA **Level 2** recognition
- Meet a total of **26 out of 39 priority factors**, including:
 - **3 resource stewardship priority factors** (out of 5 total)
 - **5 patient experience priority factors** (out of 7 total)
 - **11 population health management priority factors** (out of 17 total)
 - **7 behavioral health integration priority factors** (out of 10 total; 9 total for adult only practices)

Best Practice (BP) PCMHs must meet the following requirements (see Table 2.1):

- Qualify for 2011 NCQA **Level 3** recognition
- Meet a total of **32 out of 39 priority factors**, including:
 - **4 resource stewardship priority factors** (out of 5 total)
 - **6 patient experience priority factors** (out of 7 total)
 - **14 population health management priority factors** (out of 17 total)
 - **8 behavioral health integration priority factors** (out of 10 total; 9 total for adult only practices)

Table 2.1. Scoring Requirements for Pathway 3

HPC Certification Level	NCQA 2011 Level Required	Total HPC Priority Factors	Resource Stewardship Factors	Patient Experience Factors	Population Health Management Factors	Behavioral Health Integration Factors
Qualified PCMH	NCQA 2011 Level 2 (60-84 points)	At least 26	At least 3	At least 5	At least 11	At least 7
Best Practice (BP) PCMH	NCQA 2011 Level 3 (85-100 points)	At least 32	At least 4	At least 6	At least 14	At least 8

Table 2.2. Proposed Criteria for Pathway 3

HPC Priority Domain	Priority Factor	Source	Documentation	Technical Assistance
Resource Stewardship	New The practice implements clinical decision support following evidence-based guidelines for <u>at least 2</u> overuse/appropriateness issues	Modified 2014 NCQA Factor (New for NCQA 2011)	Same as NCQA 2014 3.E.6*	
	3.B.1 The practice establishes criteria and a systematic process to identify high-risk or complex patients, <u>and includes consideration of high-cost/high utilization</u>	Modified NCQA 2011 Factor (Existing NCQA 2014 Factor)	Same as NCQA 2011**	
	6.A.3 The practice measures or receives data on at least 2 utilization measures affecting health care costs (<u>at least 4 measures for BP PCMH</u>)	Modified NCQA Factor (2011 & 2014)	Same as 2011**, except that data need only cover <u>50% of patients</u> (or be collected over time).	
	NEW The practice uses an ongoing quality improvement process to set goals and act to improve quality on <u>at least 2 utilization measures</u> affecting health care costs (<u>at least 4 measures for BP PCMH</u>)	Modified 2014 NCQA Factor (New for NCQA 2011)	Same as NCQA 2014*	
	6.D.3 The practice demonstrates ongoing monitoring of the effectiveness of its improvement process by achieving improved performance on one <u>utilization</u> measure	Modified NCQA 2011 Factor (Existing NCQA 2014 Factor)	Same as NCQA 2011**	

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** Click [here](#) to download the NCQA's PCMH 2011 Standards and Guidelines

HPC Priority Domain	Priority Factor	Source	Documentation	Technical Assistance
Patient Experience	2.C.5 The practice conducts and documents a comprehensive health assessment that includes advance care planning (N/A for pediatric practices)	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	5.C.6 The practice collaborates with the patient/family to develop a written care plan for patients transitioning from pediatric care to adult care (N/A for adult-only and family practices)	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	6.B.1 The practice conducts a survey (using any instrument) to evaluate patient/family experiences on at least 3 of the following categories: Access, Communication, Coordination, & Whole person care/self-management support	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	6.B.3 The practice obtains feedback on experiences of vulnerable patient groups	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	6.B.4 The practice obtains feedback from patients/families on their experiences with the practice and their care through qualitative means	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	6.C.4 The practice involves patients/families in quality improvement teams or on the practice's advisory council	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	NEW The practice demonstrates continuous quality improvement by achieving improved performance on at least 1 patient experience measure	Existing 2014 NCQA Factor (New for NCQA 2011)	Same as NCQA 2014 6.E.4*	

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HPC Priority Domain	Priority Factor	Source	Documentation	Technical Assistance
Population Health Management (page 1 of 2)	1.F.1 The practice assesses the racial and ethnic diversity of its population	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	1.F.2 The practice assesses the language needs of its population	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	1.F.3 The practice provides interpretation/bilingual services to meet the language needs of its population	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	1.F.4 The practice provides printed materials in the languages of its population	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	3.C.2 The care team and patient/family/ caregiver collaborates to develop an individualized care plan that includes a self-management plan	Modified NCQA 2011 Factor (Existing NCQA 2014 Factor)	Same as NCQA 2011**	
	3.D.2 The practice reviews and reconciles medications with patients/families for more than 80% of care transitions	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	4.B.1 The practice maintains current resource list on 5 topics or key community service areas of importance to the practice population including services offered outside the practice and its affiliates	Modified NCQA 2011 Factor (Existing NCQA 2014 Factor)	Same as NCQA 2011**	The HPC is charged with developing and distributing a directory of key existing referral systems and resources that will be made available to PCMHs. The HPC seeks comment on existing such resources and their benefits and weaknesses.

*Click [here](#) to download the NCQA's PCMH 2014 Standards and Guidelines

** Click [here](#) to download the NCQA's PCMH 2011 Standards and Guidelines

HPC Priority Domain	Priority Factor	Source	Documentation	Technical Assistance
Population Health Management (page 2 of 2)	New The practice maintains formal and informal agreements with a subset of specialists based on established criteria	Existing 2014 NCQA Factor (New for NCQA 2011)	Same as NCQA 2014 5.B.2*	The HPC is considering providing technical assistance on privacy requirements that relate to exchanging information with behavioral health providers, and is supporting investment in connection to the state's HIway. Technical assistance may include information pamphlets and/or trainings. The HPC seeks comment on the utility of such technical assistance.
	5.B.2 The practice coordinates referrals by tracking the status of the referrals <u>until the consultant or specialist's report is available, flagging and following up on overdue reports</u>	Modified NCQA 2011 Factor (Existing NCQA 2014 Factor)	Same as NCQA 2014 5.B.8*	
	5.B.4 The practice establishes and documents agreements with specialists in the medical record if co-management is needed	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	5.C.1 The practice demonstrates its process for identifying patients with hospital admissions and ED visits	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	5.C.2 The practice demonstrates its process for sharing clinical information with admitting hospitals and EDs	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	5.C.3 The practice demonstrates its process for consistently obtaining patient discharge summaries from hospitals/other facilities	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	5.C.4 The practice demonstrates its process for contacting patients/families within appropriate time period following hospital admission or ED visit	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	6.A.1 The practice measures or receives data on <u>at least 2 immunization measures</u> and <u>2 other preventive care measures</u>	Modified NCQA 2011 Factor (Existing NCQA 2014 Factor)	Same as NCQA 2014 6.A.1 and 6.A.2*	
	6.A.2 The practice measures or receives data on at least 3 chronic or acute care clinical measures, <u>at least one of which is related to behavioral health</u>	Modified NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	6.C.3 The practice uses an ongoing quality improvement process to set goals and address at least 1 identified disparity in care/service for vulnerable populations	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	

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HPC Priority Domain	Priority Factor	Source	Documentation	Technical Assistance
Behavioral Health Integration (page 1 of 2)	2.C.6 The practice conducts and documents a comprehensive health assessment that includes behaviors affecting health	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	2.C.8 The practice conducts and documents a comprehensive health assessment that includes developmental screening using a standardized tool (N/A for practices with no pediatric patients)	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	
	2.C.9 The practice collects and regularly updates a comprehensive health assessment that includes depression screening using a standardized tool (N/A for practices with no pediatric patients)	Existing NCQA Factor (2011 & 2014)	Same as NCQA 2011**	The HPC is considering providing a consolidated diagnostic tool that can be used to initiate screening for depression, anxiety, and SUD. The HPC may consider providing trainings on use of the tool and seeks comment on the utility of these forms of technical assistance as well as other possibilities that would enable practices to satisfy these PCMH criteria.
	NEW The practice collects and regularly updates a comprehensive health assessment that includes anxiety screening using a standardized tool (N/A for practices with no adolescent or adult patients)	New HPC Factor	The practice must provide a completed (de-identified) assessment form, and demonstrate application by screen shot.	
	NEW The practice collects and regularly updates a comprehensive health assessment that includes SUD screening using a standardized tool (N/A for practices with no adolescent or adult patients)	New HPC Factor		
	3.A.3 The practice implements evidence through point of care reminders for patients with a mental health and substance use disorder	Modified NCQA Factor (2011 & 2014)	Same as NCQA 2011**	

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HPC Priority Domain	Priority Factor	Source	Documentation	Technical Assistance
Behavioral Health Integration (page 2 of 2)	3.B.1 The practice establishes criteria and a systematic process to identify high-risk or complex patients. <u>The process includes consideration of behavioral health conditions</u>	Modified NCQA 2011 Factor (Existing NCQA 2014 Factor)	Same as NCQA 2011**	
	NEW If practice includes a care manager, s/he must be qualified to identify/coordinate behavioral health needs	New HPC Factor	Care/case manager CV, demonstrating academic focus (undergraduate or masters level) in BH subspecialty, or continuing education in BH, or practice-based training in BH (show materials used), or experience working in BH (at least 1 year practice level experience or 1 semester field internship / clinical application experience). If multiple care managers in practice, provide documentation showing at least 1/3 have at least 1 of these qualifications.	
	NEW The practice maintains agreements with behavioral health providers	Existing 2014 NCQA Factor (New for NCQA 2011)	Same as NCQA 2014 5.B.3*	The HPC is considering providing a template for use in meeting this factor and seeks comment on the utility of such a tool.
	NEW Practice assesses effectiveness of agreements with behavioral health providers at least annually	New HPC Factor	Dated documentation of internal review process (e.g., team meeting or discussion of internally and externally generated key performance indicators).	

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